

PART B - FEE(S) TRANSMITTAL

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04/20/2006

James H Morris
 Wolf Greenfield & Sacks PC
 600 Atlantic Avenue
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07/25/2006 DTESSEM2 00000005 09517417

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1400.00 OP

GAIL DRISCOLL	(Depositor's name)
<i>Gail Driscoll</i>	(Signature)
7-20-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/517,417	03/02/2000	Olivier Isson	S1022/8316	4387

TITLE OF INVENTION: DSL TRANSMISSION SYSTEM WITH MEANS FOR ENSURING LOCAL ECHO ORTHOGONALITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	07/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEVITAN, DMITRY	2616	370-290000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Lisa K. Jorgenson

James H. Morris

Wolf, Greenfield & Sacks, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

STMicroelectronics S.A.
 TELIA AB

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Gentilly, France
 Farsta, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

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